



Credit Application Form

Please complete, sign and return this form by fax to (905) 821-4812

Company Information

Legal Company Name:

Address:

Address:

Phone:

Fax:

Number of Employees:

Website:

Date Established:

Estimated Annual Sales:

Federal Tax ID Number:
(USA ONLY)

Exempt from Sales and Use Tax: Yes No
(If yes, please attach copy of exemption certificate)

Type of Business: Manufacturing Wholesale Service Other

Company Composition: Sole Proprietorship Partnership Corporation LLC

Account Application Type

Terms: Net 30 Prepay Credit Card

Bank References

Bank Name:

Address:

Contact Name:

Phone:

Fax:

Trade References

Where possible, **DO NOT** provide Toll-Free numbers (USA toll-free numbers often do not work from Canada). We require at least THREE REFERENCES where you have credit established (not prepay accounts).

Company Name:

Contact Name:

Title:

Phone:

Email:

Fax:

Company Name:

Contact Name:

Title:

Phone:

Email:

Fax:

Company Name:

Contact Name:

Title:

Phone:

Email:

Fax:

As a valued client, we welcome the opportunity to open an account for you. We strive to give our customers outstanding products while delivering the best possible service. It typically takes 3-5 business days to process an application; however, some suppliers will respond only in writing which may delay the approval of some applications. We ask that the credit application be completed in its entirety.

Agreement and Signatures

I/We expressly consent to Lumen Dynamics Group Inc. to obtain any reports containing credit or personal information that is required in obtaining credit from Lumen Dynamics Group Inc. I/We declare that the information given on this application is true and accurate in every aspect. This declaration is made for the purpose of obtaining credit from Lumen Dynamics Group Inc. and will remain confidential.

Name: _____

Signature: _____

Title: _____

Date: _____

Thank you for your interest in our products!